

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

STOCKER IN CONGRESS

ADDRESS (number and street)

PO BOX 243

Check if different
than previously
reported. (ACC)

SILVA

MO

63964

2. FEC IDENTIFICATION NUMBER ▼

C

C00549287

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MO

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Chuck Banks

Signature of Treasurer

Mr. Chuck Banks

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

STOCKER IN CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3355.00	16060.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3355.00	16060.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18239.88	46256.42
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	18239.88	46256.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	4953.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	35150.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 15

Write or Type Committee Name

STOCKER IN CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

11900.00

(ii) Unitemized.....

855.00

1660.00

(iii) TOTAL of contributions from individuals ▶

855.00

13560.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

2500.00

2500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3355.00

16060.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

13000.00

35150.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

13000.00

35150.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

16355.00

51210.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18239.88	46256.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18239.88	46256.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6838.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16355.00
25. SUBTOTAL (add Line 23 and Line 24).....	23193.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18239.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4953.58

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 15

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

STOCKER IN CONGRESS

Full Name (Last, First, Middle Initial)

Missouri Democratic Party

Mailing Address 208 Madison Ave

City

Jefferson City

State

MO

Zip Code

65101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.4200

Amount of Each Receipt this Period

2500.00

In-kind -

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

STOCKER IN CONGRESS

Full Name (Last, First, Middle Initial)

A. Mrs. Barbara H Stocker

Mailing Address 2518 Meredith Dr

City

DeSoto

State

MO

Zip Code

63020

FEC ID number of contributing
federal political committee.

C H4MO08212

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

25150.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA13A.4204

Amount of Each Receipt this Period

3000.00

loan

Full Name (Last, First, Middle Initial)

B. Mrs. Barbara H Stocker

Mailing Address 2518 Meredith Dr

City

DeSoto

State

MO

Zip Code

63020

FEC ID number of contributing
federal political committee.

C H4MO08212

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

35150.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA13A.4205

Amount of Each Receipt this Period

10000.00

loan from candidate

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

13000.00

13000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

STOCKER IN CONGRESS

Full Name (Last, First, Middle Initial)

A. Arnold Printing

Mailing Address 1616-A Jeffco Blvd

City	State	Zip Code
Arnold	MO	63010

Purpose of Disbursement
Printing

001

Category/
Type

Candidate Name

STOCKER IN CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: MO District: 08

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

102.35

Transaction ID : SB17.4214

B. Mr. Chuck Banks

Mailing Address H.C.1 BOX 1550

City	State	Zip Code
Silva	MO	63964

Purpose of Disbursement
management

001

Category/
Type

Candidate Name

STOCKER IN CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: MO District: 08

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4208

c. Mr. Chuck Banks

Mailing Address H.C.1 BOX 1550

City	State	Zip Code
Silva	MO	63964

Purpose of Disbursement
management

001

Category/
Type

Candidate Name

STOCKER IN CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: MO District: 08

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4211

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10102.35

SCHEDULE C (FEC Form 3)
LOANS

PAGE 9 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4117

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Mrs. Barbara H Stocker

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 20 / 2013

Date Due

M M / D D / Y Y Y Y
N/A

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mrs. Barbara H Stocker

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

150.00

0.00

150.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
08 / 30 / 2013M M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/A

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mrs. Barbara H Stocker

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 / 17 / 2013M M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/A

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4181

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mrs. Barbara H Stocker

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
10 / 29 / 2013M M / D D / Y Y Y Y
/ / /M M / D D / Y Y Y Y
/ / / 12/31/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4182

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mrs. Barbara H Stocker

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
11 / 27 / 2013M M / D D / Y Y Y Y
/ / /M M / D D / Y Y Y Y
12/31/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 15

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4204

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mrs. Barbara H Stocker

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
01 / 30 / 2014M M / D D / Y Y
/ / /M M / D D / Y Y
/ / /M M / D D / Y Y
12/31/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4205

STOCKER IN CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Mrs. Barbara H Stocker

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
2518 Meredith Dr

City

State

ZIP Code

DeSoto

MO

63020

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y
03 / 04 / 2014

Date Due

M M / D D / Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

35150.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.